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02/19/02

Atty Docket No. 019957-013820US

PTO FAX NO.: 703-872-9306

## FAX RECEIVED

ATTENTION: Examiner C. Fronda  
TELEPHONE NO.: 703-305-1252

FEB 20 2002

Group Art Unit 1652

GROUP 1600

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I hereby certify that the following documents in re Application of Shawn DeFrees *et al.*, Application No. 09/442,111, filed November 17, 1999 for LOW COST MANUFACTURE OF OLIGOSACCHARIDES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

#### Documents Attached

1. Transmittal Form;
2. Petition to Extend Time (3-month);
3. Response to Office Action; and
4. Supplemental Information Disclosure Statement with one reference.

Number of pages being transmitted, including this page: 31

Dated: February 19, 2002

  
Jo Ann Honcik Dallara

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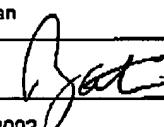
(to be used for all correspondence after initial filing)

		Application Number	09/442,111
		Filing Date	November 17, 1999
		First Named Inventor	DeFrees, Shawn
		Group Art Unit	1652
		Examiner Name	C. Fronda
Total Number of Pages in This Submission	1	Attorney Docket Number	019957-013820US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Information Disclosure Statement with one (1) reference; and Return Receipt Postcard.
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		<b>Remarks</b>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Kevin L. Bastian	
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